Washington State Health Care Authority
Apple Health (Medicaid)

Medicaid 101 for MIE providers

Provider Relations Unit
Jason Bergman, Matt Ashton
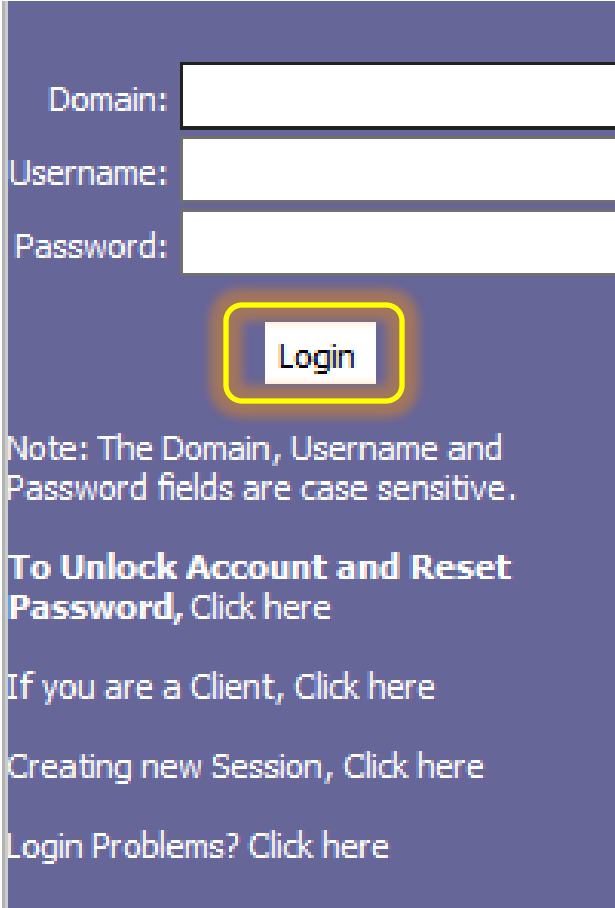**October 2015**

Getting Started

ProviderOne is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with most commonly used internet browsers: Google Chrome, Firefox, Microsoft Edge and Internet Explorer (IE) for Windows and Safari for Windows and Mac.

In order for **ProviderOne** to work on your computer, verify your browser allows pop-ups, as these are vital to successful claims submission.

Please see the [Provider Home](#) page for up-to-date information on browser issues.

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Getting Started

- Use web address https://www.waproviderone.org
- Complete the **Domain**, **Username**, and **Password** fields
- Click on the **Login** button

Domain:

Username:

Password:

Login

Note: The Domain, Username and Password fields are case sensitive.

To Unlock Account and Reset Password, Click here

If you are a Client, Click here

Creating new Session, Click here

Login Problems? Click here

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1. Managing Profiles

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Adding a Super User Profile

Welcome
to the
Medicaid Management Information System
for

Washington State
DSHS
Department of Social & Health Services

Select a profile to use during this session: | EXT Provider System Administrator ▾ | Go

- A profile describes the level of access a user has to your domain
- You will start with only the **EXT Provider System Administrator** profile assigned, which can only set up and manage other users and profiles (including your own)
- You must assign at least one user (usually yourself) the **EXT Provider Super User** in order to access full ProviderOne functionality

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Adding User Profiles

- Scroll down on the left-hand side of the Provider Portal and click **Maintain Users**
- The system will display all past and present users associated to your domain
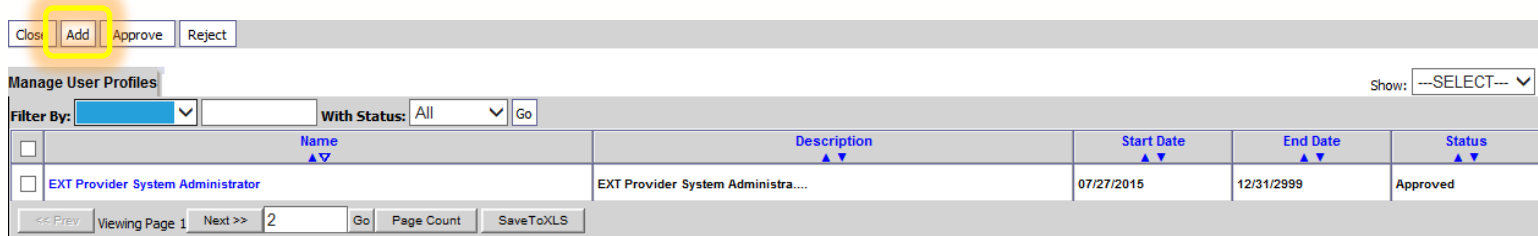- Click on the name of the person to be updated

Adding User Profiles

- ProviderOne displays the **User Details** page for this user
- Choose **Associated Profiles** from the **Show** menu

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Adding User Profiles

- The **Manage User Profiles** page is displayed
- If you are new to ProviderOne you will see only the **EXT Provider System Administrator** profile is active
- Choose Add in the upper left corner

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Adding User Profiles

ProviderOne will display a pop-up with a list of Available Profiles and Associated Profiles
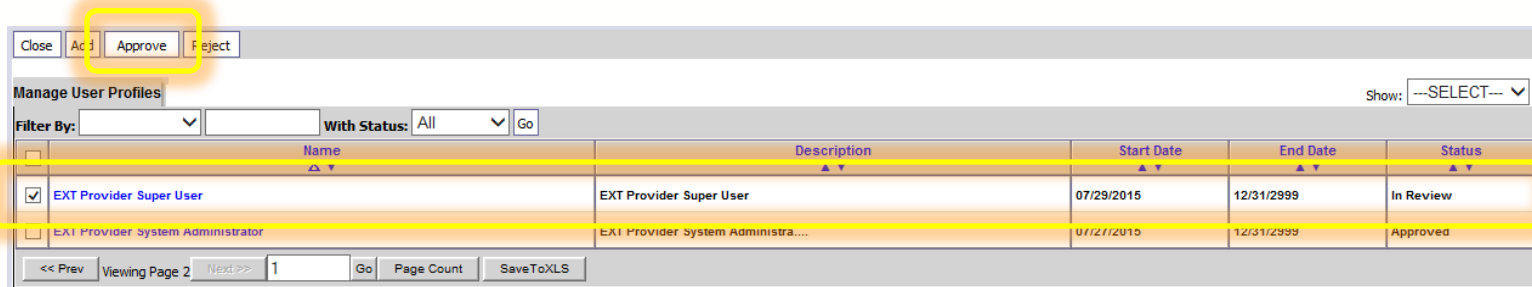
- Choose the **EXT Provider Super User** profile from **Available Profiles** list
- Use the arrows to move the profile to the **Associated Profiles** list
- Do not change the **Start Date** or **End Date**
- Click the OK button in lower right corner

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Adding User Profiles

- You will return to the **Manage User Profiles** page
- The **EXT Provider Super User** profile you added will have a status of **In Review**
- Check the box on the left of the **In Review** profile and select the **Approve** button in the upper left corner
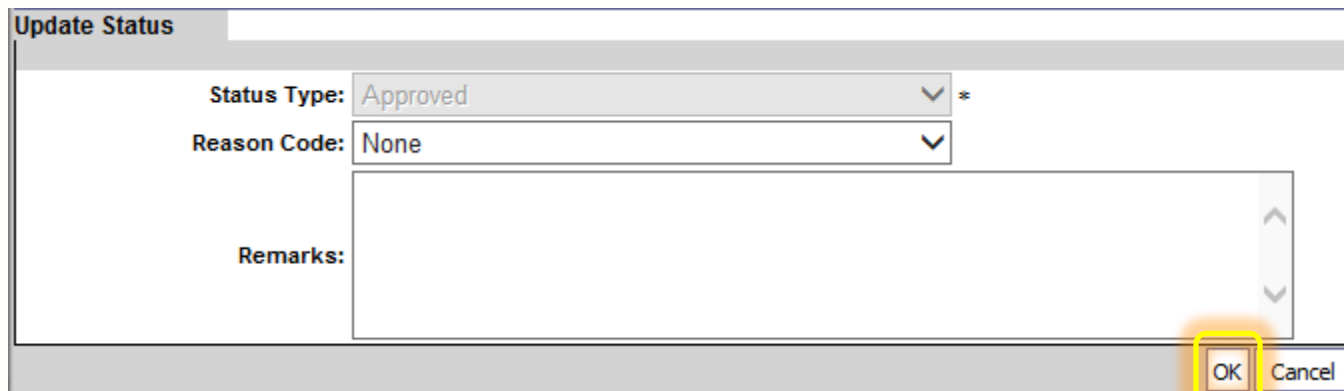
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Adding User Profiles

- The **Update Status** box appears
- The **Remarks** field can be skipped
- Click **OK** to approve your **EXT Provider Super User** profile and return to the **Manage User Profiles** page

Adding User Profiles

- The **EXT Provider Super User** profile is now showing **Approved** status
- Today's date will be listed under **Start Date**
- The **End Date** will have a "placeholder" date of 12/31/2999 to indicate the profile currently has no end date
- To inactivate a user, follow the steps above but enter the date you wish to end the user's access
- Click on the **Close** button in the upper left of screen

Adding User Profiles

- You will return to the **User Details** page
- Log out using the **Doorway Icon** in the top left-hand corner
- You will have access to the **EXT Provider Super User** profile next time you log into ProviderOne

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2. Claim Submission

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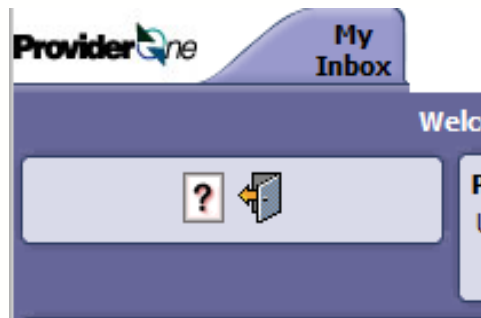
Getting Started

Welcome
to the
Medicaid Management Information System
for

Washington State
DSHS
Department of Social & Health Services

Select a profile to use during this session: [EXT Provider Super User ⌄] * [Go]

Select **EXT Provider Super User** to submit claims using Direct Data Entry (DDE), as opposed to submitting your claims on paper claim forms or electronic HIPAA transaction files

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Getting Started

From the **Provider Portal** select the **Online Claims Entry** option located under the **Claims** heading
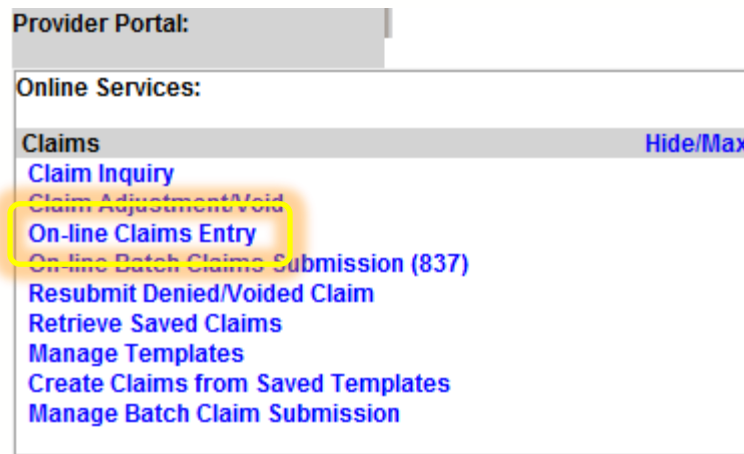
Claim Submission

Select the Submit Professional option for medical claims, which is equivalent to submission of CMS-1500 methodology

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

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DDE Overview

- Overview of the upper half of the DDE Professional claim screen:

DDE Overview

- Overview of the lower half of the DDE Professional claim screen:

Header Level – Provider Details

- "Header" level information applies to the entire claim. The first fields describe the provider and his/her specialty (taxonomy), as well as whether the claim is the result of a referral.

PROVIDER INFORMATION
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.
- **BILLING PROVIDER**
- * Provider NPI: [   ]   * Taxonomy Code: [   ]
- ❷ * Is the Billing Provider also the Rendering Provider?   ○ Yes ○ No
- ❷ * Is this service the result of a referral?   ○ Yes ○ No

- Enter your **Billing Provider NPI** in Provider NPI: [   ]
- Enter the appropriate **Billing Provider Taxonomy Code** for the services you are submitting in Taxonomy Code: [   ]
- If your Billing Provider NPI and your Rendering Provider NPI are the same, answer **Yes** to ❷ * Is the Billing Provider also the Rendering Provider?
- Always answer **No** to ❷ * Is this service the result of a referral?

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Header Level – Client Details

Additional header level information includes details about the client:

Enter the Client ID and click the ⊞ icon to expand this section:

- Enter the client's **Last Name**, **First Name**, **DOB**, and **Gender**
- Leave **Date of Death**, **Patient Weight**, and **Patient is Pregnant** blank

Header Level – Unused Fields

The following fields are not used; address each as follows:

- Answer **No** to ❓ Is this claim for a Baby on Mom's Client ID?
- Answer **No** to ❓ * Is this a Medicare Crossover Claim?
- Skip ⊞ OTHER INSURANCE INFORMATION
- Skip ⊞ PRIOR AUTHORIZATION
- Skip ⊞ CLAIM NOTE
- Skip ⊞ EPSDT INFORMATION
- Skip ⊞ CONDITION INFORMATION
- Answer **No** to ❓ * Is this claim accident related?

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Header Level – Claim Data

The last details to go at header level are as follows:

Address each as follows:

- is a "free form" field for optional patient ID you can use to help reconcile patient accounts if you do not wish to rely solely on ProviderOne client ID numbers
- Always select 11 for Office in **Place of Service**
- Skip
- Enter the **Diagnosis Codes** appropriate for the services rendered, leaving out the decimal point; note the number assigned to each, called a "pointer", which we will address how to use at the line level (below)

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Line Level – Service Details

Overview of the Basic Line Item fields:

Completing the **Basic Service Line Items** results in service lines appearing at the bottom beneath the grey columns

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Line Level – Service Details

- The **Service Date From** and **Service Date To** must include the first and last dates of service on your claim

	mm	dd	ccyy			mm	dd	ccyy
* Service Date From:					* Service Date To:			

- The **Place of Service** field is not required and has no effect on your claim
- Enter the CPT you wish to bill for in the **Procedure Code** field, followed by any applicable **Modifiers**

* Procedure Code:		Modifiers: 1:		2:	3:	4:

- Enter your usual and customary charges for this CPT in the **Submitted Charges** field

* Submitted Charges: $	

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Line Level – Service Details

- Indicate the diagnosis codes(s) you wish to use for this service line by using the **Diagnosis Code Pointers** (1-12) assigned to each of the **Diagnosis Codes** (see slide 23), with 1 being primary

Diagnosis Pointers: *1: [___] ▾   2: [___] ▾   3: [___] ▾   4: [___] ▾

- Enter the number of units you wish to bill for this service line

* Units: [_____]

- The rest of this section can be skipped:

⊞ **Medicare Crossover Items**
National Drug Code: [_____]
⊞ **Drug Identification**
⊞ **Prior Authorization**
⊞ **Additional Service Line Information**
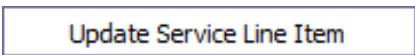
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Line Level – Service Details

- Now that you have completed your first service line, you need to add it to your claim using the [Add Service Line Item] button
- Repeat as needed to add additional service lines to your claim
- As each line appears at the bottom of your claim, note there is a number next to it which will bring it back up to the Basic Service Line Items section for review or change
- To change a line rather than add it as an additional line, use the button labeled [Update Service Line Item]
- Note each line you add brings you to the top of your screen where you can use the **Service** link to return to the bottom of the DDE form:

Basic Claim Info	Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

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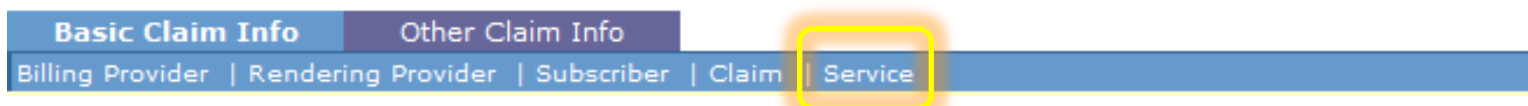
Submitting Your Claim

- When ready to submit your claim to ProviderOne for processing, use the **Submit Claim** button on the grey header bar at the top of your screen:

| Close | Save Claim | Submit Claim | Reset |

- The final pop-up gives providers the opportunity to add backup documentation; skip this by selecting **Cancel**

Do you want to submit any Backup Documentation?

OK   Cancel

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Submitting Your Claim

- Finally you will see a pop-up with a summary of your claim, including claim number (TCN) and other basic information
- ProviderOne displays **No Records Found !** to indicate no backup documents have been attached

- Click **OK** to submit your claim or it will not be processed

3. Claim Status and Remittance Advice

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Checking Claim Status

To begin, log in as a **EXT Provider Super User** and select Claim Inquiry from the left-hand side of the **Provider Portal**

Provider Portal:

Online Services:

Claims   **Hide/Max**

Claim Inquiry
Claim Adjustment/Void
On-line Claims Entry
On-line Batch Claims Submission (837)
Resubmit Denied/Voided Claim
Retrieve Saved Claims
Manage Templates
Create Claims from Saved Templates
Manage Batch Claim Submission

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Checking Claim Status

Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click Submit

Checking Claim Status

Until you submit your first claim, you will see a blank list like the one below:

As your claims begin to post, you will see them appear here with hyperlinks that will take you to a status display for that TCN, which you can click on to see whether a claim paid, or whether it denied (and why it denied)

Remittance Advice (RA)

If you wish to see a summary of any given weeks' claims, rather than searching for an individual claim, use the **Remittance Advice** rather than **Claim Status** function by clicking View Payment

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Remittance Advice (RA)

The resulting list will display each of your weekly Remittance Advice, which you can sort using the up and down arrows in each column

- Your RA will have a section each for Paid, In Process, and Denied claims, so be sure to search in each if you can't find a specific TCN
- The last page of the RA will include a description of any denial codes listed in the Denied section

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5. Adjustments, Voids and Resubmissions

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Adjustments and Voids

ProviderOne allows you to adjust, void, and resubmit claims after they post as paid or denied. You cannot adjust, void, or resubmit a TCN that is:

- Still in process
- Has already been adjusted, voided, or resubmitted

Log in as a **EXT Provider Super User** and select **Claim Adjustment/Void** from the left-hand side of the **Provider Portal**

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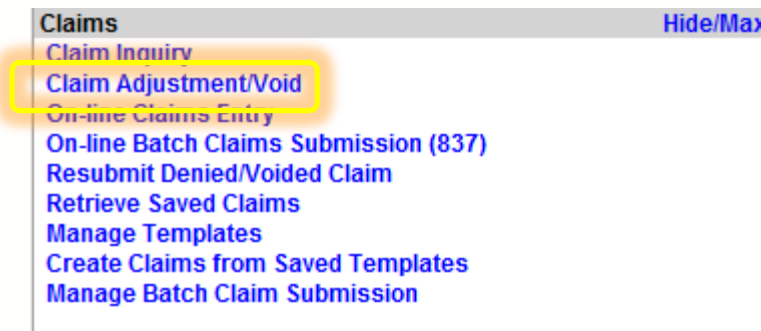
Adjustments and Voids

Using the fields provided, search by either claim number (TCN) or by using Client ID and date of service, and click Submit

Adjustments and Voids

The resulting TCN can be selected and either adjusted or voided
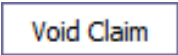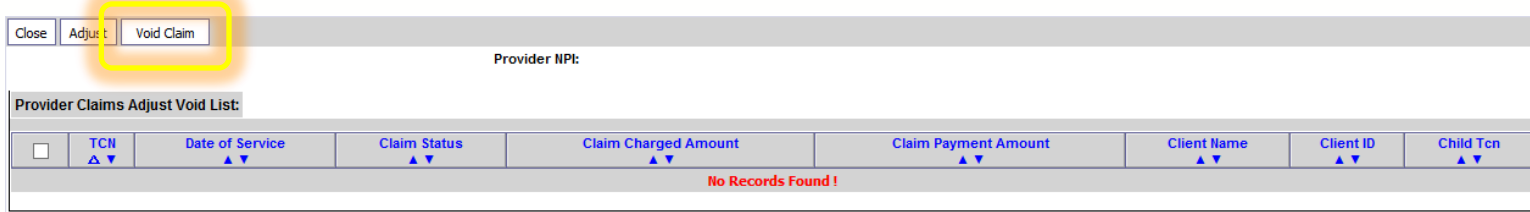
Clicking [Adjust] will take you to the **Claim Submission** process outlined in Section 2, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change, and submit the claim normally

Adjustments and Voids

A paid claim can also be voided, if you wish to reverse one for any reason; select the TCN and click [Void Claim]

The prompts that follow will be similar to those in the Claim Submission steps at the end of Section 2.

Resubmissions

Alternatively, if you have a denied or voided claim you wish to correct and resubmit, select **Resubmit Denied/Voided Claim** from the left-hand side of the **Provider Portal**
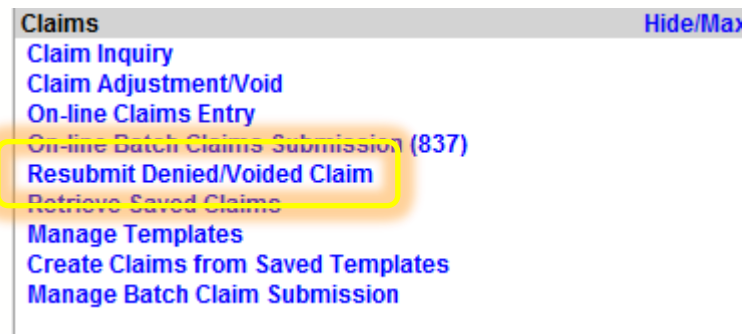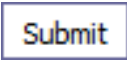
Resubmissions

Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click Submit

Close | Submit

Provider Claim Inquiry Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.
- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI: 5100000004 ▼ *

TCN:
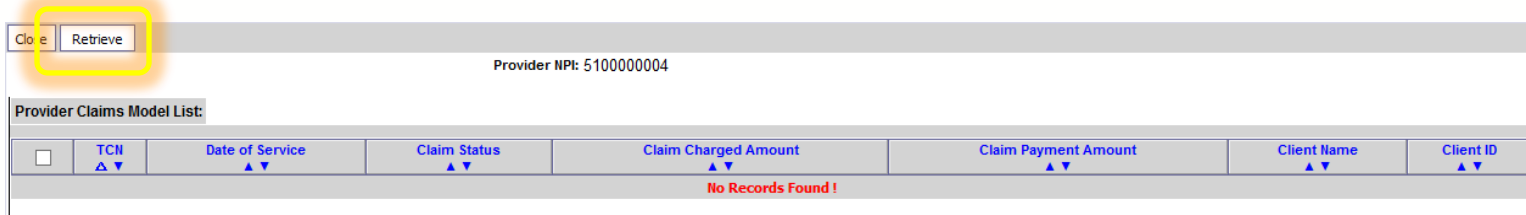
Client ID:

Claim Service Period From:

Claim Service Period To:

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Adjustments and Voids

Select the denied TCN you wish to resubmit, and click Retrieve

This will take you to the **Claim Submission** process outlined in Section 2, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change, and submit the claim normally

Reference Materials

For general information about submitting claims in ProviderOne, see the ProviderOne Billing & Resource Guide:
http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx

For information about specific programs (including MIE Services), see our Medicaid Provider Guides page:
http://www.hca.wa.gov/medicaid/billing/pages/bi.aspx

Coverage and rate information can be found on our Fee Schedules:
http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx

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Contact and Support

To contact Health Care Authority customer service:
https://fortress.wa.gov/dshs/p1contactus/Provider_WebForm

Via phone:
800-562-3022

Training material (such as this slideshow) and much more information about Health Care Authority, Washington Apple Health (Medicaid), and ProviderOne can be found at:
http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx

If you prefer to submit claims through electronic HIPAA file transactions, contact our HIPAA Help desk at:
hipaa-help@hca.wa.gov

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